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004372 7590 03/24/2005

ARENT FOX KINTNER PLOTKIN & KAHN

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SUITE 400

WASHINGTON, DC 20036

05/05/2005 MBEYENEZ 00000092 10631862

01 FC:1501

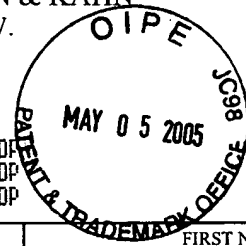
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/631,862	08/01/2003	Antonella Di Meo	108910-00112	9170

TITLE OF INVENTION: PROCESS FOR THE PREPARATION OF PERFLUOROPOLYETHERS ACYL-FLUORIDE ENDED BY REDUCTION OF THE CORRESPONDING PEROXIDIC PERFLUOROPOLYETHERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEYS, ROSALYND ANN	1621	562-849000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Arent Fox PLLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Solvay Solexis S.p.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Milano, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2300 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1-27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 05/05/05

Typed or printed name

Richard J. Berman

Registration No. 39,107

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